

JAN 08 2007

PTO/SB/97 (08-03)

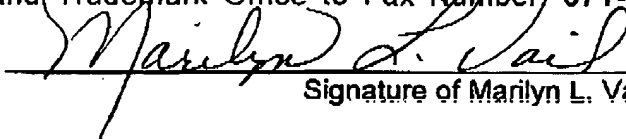
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Total Number of Pages (including this sheet) 25

RE: Application No. 10/800,443
Response to Office Action Mailed 09/08/2006

Sent with this Cover Sheet:

1. Response to Office Action Mailed 09/08/2006 and Amendment
2. Transmittal Form PTO/SB/21
3. Petition for Extension of Time Under 37 CFR 1.136(a)
FY 2005, PTO/SB/22 and a copy

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/800,443
	Filing Date	03/14/2004
	First Named Inventor	James E. Chitwood
	Art Unit	3671
	Examiner Name	Thomas A. Beach
Total Number of Pages in This Submission		Attorney Docket Number

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1. PTO/SB/97 - "Certificate of Transmission under 37 CFR 1.8"
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
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Signature	<i>William Banning Vail III</i>	
Printed name	William Banning Vail III	
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Typed or printed name	Marilyn L. Vail	Date JAN. 8, 2007

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